

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/369,508	08/06/99	482	3764	

APPLICANT JOHN A. TURAK, ELIZABETHTOWN, PA; ANSON J. FLAKE, MIDDLETOWN, PA.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED


IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/24/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	PA	7	6	1	


ADDRESS WRIGHT HENSON SOMERS SEBELIUS
CLARK & BAKER LLP
100 E 9TH STREET
PO BOX 3555
TOPEKA KS 66601-3555

TITLE COMBINATION SWIMMING, WALKING, RUNNING, MASSAGE, THERAPEUTIC, AND
RECREATIONAL DEVICE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$500		

Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/369,508	TURAK ET AL.	
	Examiner	Art Unit	
	Glenn Richman	3764	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
482	54			482	51				
INTERNATIONAL CLASSIFICATION									
			/						
			/						
			/						
			/						
			/						

(Assistant Examiner) (Date) <i>B. Webb</i> 3/16/06 (Legal Instruments Examiner) (Date)		 GLENNE E. RICHMAN PRIMARY EXAMINER 3/16/06 (Primary Examiner) (Date)		Total Claims Allowed: 8	
				O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31		61		91		121		151		181		211
	2		32		62		92		122		152		182		212
	3		33		63		93		123		153		183		213
	4		34		64		94		124		154		184		214
	5		35		65		95		125		155		185		215
	6		36		66		96		126		156		186		216
	7		37		67		97		127		157		187		217
	8		38		68		98		128		158		188		218
	9		39		69		99		129		159		189		219
	10		40		70		100		130		160		190		220
	11		41		71		101		131		161		191		221
	12		42		72		102		132		162		192		222
	13		43		73		103		133		163		193		223
	14		44		74		104		134		164		194		224
	15		45		75		105		135		165		195		225
	16		46		76		106		136		166		196		226
	17		47		77		107		137		167		197		227
	18		48		78		108		138		168		198		228
	19		49		79		109		139		169		199		229
	20		50		80		110		140		170		200		230
	21		51		81		111		141		171		201		231
	22		52		82		112		142		172		202		232
	23		53		83		113		143		173		203		233
	24		54		84		114		144		174		204		234
	25		55		85		115		145		175		205		235
	26		56		86		116		146		176		206		236
	27		57		87		117		147		177		207		237
	28		58		88		118		148		178		208		238
	29		59		89		119		149		179		209		239
	30		60		90		120		150		180		210		240